

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

Andrew R. Mullings,

Plaintiff,

COMPLAINT

Civil Action # _____

~~-against-~~

JURY TRIAL DEMANDED

Defendant 1: Edward Burnett,

Superintendent, Fishkill Correctional Facility

Defendant 2: Michael Daye,

First Dep. Superintendent, Fishkill Correctional Facility

Defendant 3: C. Churns,

Captain, Fishkill Correctional Facility

Defendant 4: Joseph Noeth,

Dep. Comm. Facility Operations, N.Y.D.O.C.S. & C.S.¹

Defendant 5: Darren Miller,

Chief Investigator N.Y.D.O.C.S. & C.S. OSI²

Defendant 6: C.E.R.T.³ Officer, ID#: 17-28

Defendant 7: S. Thompson

Correctional Officer Fishkill Correctional Facility

Defendant 8: M. Pierre', RN

Fishkill Correctional Facility, Medical Unit

Defendant 9: Gaetan Zamilus, MD

Fishkill Correctional Facility, Medical Unit

Defendant(s) 10 thru 50: John Doe C.E.R.T. Officer(s), #'s 1-40

that searched Housing Unit 10-2

Defendants,

In Their Individual Capacity,

I. COMPLAINT

Plaintiff, Andrew R. Mullings, PRO SE, for his complaint states as follows:

II. JURISDICTION AND VENUE

This action arises under and is brought pursuant to 42 U.S.C. §1983 to remedy the deprivation, under color of law, of rights guaranteed by the Eighth Amendment to the United States Constitution.

This Court has jurisdiction over this action under 28 U.S.C. §§ 1331, 1343(a) (1), (2), (3), and (4).

Venue properly lies in this District pursuant to 28 U.S.C. §1391(b)(1) and (2) because the events

¹ N.Y.S.D.O.C.& C.S refers to New York State Dep't of Corr. & Community Supervision

² OSI refers to Office of Special Investigation

³ C.E.R.T refers Correctional Emergency Response Team.

given rise to this cause of action occurred at Fishkill Correctional Facility, PO/Box 1245, Beacon, New York 12508 which is located within the Southern District of the State of New York.

III. PLAINTIFF INFORMATION

Andrew R. Mullings

First Name Middle Last Name

Incarcerated Individual Din #: 02-A-2656

Prisoner ID #

Fishkill Correctional Facility

Place of Detention

18 Strack Drive, PO/Box 1245

Institutional Address

Beacon New York 12508

City State Zip

IV. PRISONER STATUS

Convicted and Sentenced Prisoner

V. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: Edward Burnett N/A
First Name Last Name Shield #

Superintendent, Fishkill Correctional Facility

Current Job Title (or other identifying information)

18 Strack Drive

Current Work Address

Beacon New York 12508

County, City State Zip Code

Defendant 2: Michael Daye N/A
First Name Last Name Shield #

First Dep. Superintendent, Fishkill Correctional Facility

Current Job Title (or other identifying information)

18 Strack Drive

Current Work Address

Beacon New York 12508

County, City State Zip Code

Defendant 3: C. Churns N/A
 First Name Last Name Shield #
 Captain, Fishkill Correctional Facility
 Current Job Title (or other identifying information)
 18 Strack Drive
 Current Work Address

Beacon New York 12508
 County, City State Zip Code

Defendant 4: Joseph Noeht N/A
 First Name Last Name Shield #
 Dep. Comm. Facility Operations, N.Y.D.O.C.S. & C.S.
 Current Job Title (or other identifying information)
 1220 Washington Ave., Building #2
 Current Work Address

Albany New York 12226
 County, City State Zip Code

Defendant 5: Darren Miller N/A
 First Name Last Name Shield #
 Chief Investigator, N.Y.S.D.O.C. & C.S. OSI
 Current Job Title (or other identifying information)
 1220 Washington Ave, Building #2
 Current Work Address

Albany New York 12226
 County, City State Zip Code

Defendant 6: C.E.R.T. Officer 17 - 28
 First Name Last Name Shield #
 Corrections Officer
 Current Job Title (or other identifying information)
 Employer Address: 1220 Washington Ave
 Current Work Address

Albany New York 12226
 County, City State Zip Code

Defendant 7: S. Thompson N/A
 First Name Last Name Shield #
 Correctional Officer
 Current Job Title (or other identifying information)
 18 Strack Drive
 Current Work Address

Beacon New York 12508
 County, City State Zip Code

Defendant 8: M. Pierre
 First Name Last Name Shield #
 Nurse Fishkill Medical Unit.
 Current Job Title (or other identifying information)
 18 Strack Drive
 Current Work Address

Beacon New York 12508
 County, City State Zip Code

Defendant 9: Gaetan Zamilus
 First Name Last Name Shield #
 Doctor, Fishkill Medical Unit
 Current Job Title (or other identifying information)
 18 Strack Drive
 Current Work Address

Beacon New York 12508
 County, City State Zip Code

Defendant(s) 10 thru 50:
 John Doe C.E.R.T. Officer(s), #'s N/A
 First Name Last Name Shield #
 Corrections Officers that searched Housing Unit 10-2
 Current Job Title (or other identifying information)
 Employer Address: 1220 Washington Ave
 Current Work Address

Albany New York 12226
 County, City State Zip Code

VI. STATEMENT OF CLAIM

Place(s) of occurrence: Fishkill Correctional Facility

Date(s) of occurrence: December 29th, 2021 – January, 2022

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how much each defendant was personally involved in the alleged wrongful actions.

1. On December 24, 2021, an Incarcerated Individual (“I/I”) at Fishkill Correctional Facility (“Fishkill”) attempted to escape. Because of this incident, and among other things, on or about December 25th, 2021, the defendant(s) utilized the Correction Emergency Response Team (“CERT”) squads; Office of Special Investigation (“OSI”); K-9 unit, and another unit wearing military uniforms were deployed to conduct a retaliatory show of force masqueraded as a facility search to extract revenge for actions having nothing to do with Andrew Mullings (“Plaintiff”).

Plaintiff’s First Sickness:

2. On or around December 21, 2021, Plaintiff developed a fever. On December 27, 2021 he was fully recovered from it.

CERT Officers Arrive at Housing Unit 10-2:

3. The tragedy began for Plaintiff on December 29, 2021, at approximately 1:50 pm when Plaintiff was laying down in his heated room, in his bed, when the defendants entered his housing unit (10-2) at Fishkill, and a CERT Officer 17-28 (“CERT 17-28”) pushed Plaintiff’s room door wide open and said to him; “!!Get the fuck out now!!”.
4. As soon as Plaintiff got up out of his bed and walked out of his room, CERT 17-28 aggressively had the Plaintiff place his hands on the wall; then without pat-frisking Plaintiff’s person, he immediately had Plaintiff remove his hands from the wall and had Plaintiff strip down to his underwear (boxers), and further had Plaintiff throw all his clothes (sweatshirt, T-shirt, sweatpants, socks, face mask, and religious headgear) on the dirty ground.

5. CERT 17-28 then started to apply unnecessary excessive force upon the Plaintiff by having the Plaintiff inter-lock his fingers over his head and then CERT 17-28 placed this hand on Plaintiff's inter-locked fingers and began squeezing on Plaintiff's fingers tightly, causing pain, and then instructed the Plaintiff to, step back, turn his head and walk forward.
6. As Plaintiff was about to start walking, CERT 17-28 told Plaintiff to wait. This was because Fishkill Superintendent Edward Burnett ("Supt. Burnett") was walking by and stopped right in front of the Plaintiff, who then started to observe the Plaintiff's and the other I/Is semi-nude bodies with our fingers inter-locked over our heads. Supt. Burnett failed to intervene and stop the deliberate punishment that we were being subject to.
7. When Supt. Burnett finished observing us, he started walking towards the back of the housing unit to the 8-2 recreation room. At which point CERT 17-28 gave Plaintiff a direct order to walk behind Supt. Burnett; Plaintiff was now walking behind Supt. Burnett with his fingers still inter-locked over his head while CERT 17-28 continued to apply unnecessary and excessive pressure by squeezing, causing Plaintiff pain.

CERT Officers Expose Plaintiff to Freezing Weather after Disrobing Him:

8. When Supt. Burnett turns left into the recreation room, CERT 17-28 ordered Plaintiff to also turn left behind Supt. Burnett. Upon Plaintiff entering the recreation room, Superintendent Burnett, First Deputy Superintendent Daye, Deputy Commissioner of Facility Operations Joseph Noeth, Chief OSI Investigator D. Miller, Captain C. Churns, and other Correctional Executives from Fishkill and Albany wearing suite jackets were standing in the recreation room condoning and observing CERT Officer S. Thompson ("CERT Thompson") who is employed at Fishkill and the other CERT Officer, intentionally opened all the windows in the recreation room to let in the very cold weather on the Plaintiff's and the other I/Is semi-nude bodies, to punish us for prior actions of another I/I that had nothing to do with us.

9. Upon information and belief, Supt. Burnett and the other Correctional Executives from Fishkill and Albany condoned the opening of the windows because they failed to intervene by telling the CERT Officers to close the windows; to keep out the freezing cold air. (See, Exhibit 1 [World weather report 12/29/2021])
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10. After CERT Thompson participated in opening the windows, he walked over to the metal detector and directed CERT 17-28 to bring Plaintiff over to the metal detector. At this point CERT 17-28 let go of Plaintiff's fingers and had Plaintiff put his hands at his side. CERT Thompson then instructed Plaintiff to walk around the side of the metal detector and Plaintiff complied with the direct order.
11. Immediately after Plaintiff cleared the metal detector, CERT 17-28 had Plaintiff again inter-lock his fingers over his head, and once again grabbed Plaintiff's inter-locked fingers and began squeezing them as if they were made of plastic, causing the Plaintiff substantial pain. Plaintiff asked CERT 17-28 to stop squeezing his fingers because of the pain; in response CERT 17-28 squeezed even harder and told Plaintiff to "shut [his] mouth." Defendants 1 thru 5 observed and heard the exchange but failed to intervene. (See, Exhibit 2 [Housing unit log book dated 12/29/2022]).
12. Defendants 1 thru 5 further observed when CERT 17-28 escorted Plaintiff from the metal detector into one of the side rooms of the recreation room and had Plaintiff remain standing right in front of the wide open windows where the very cold air was coming in full blast on Plaintiff's semi-nude body. (See, Exhibit 2, *ante*.) Plaintiff told CERT 17-28 that "It is freezing back here." And asked him to close the windows, and if he could have his cloths to put back on, but Plaintiff was told by CERT 17-28 to "Shut [his] fucken mouth!", and to keep his fingers inter-locked over his head. CERT 17-28 then told other John Doe CERT Officers to watch the Plaintiff because he was going to search his room and then he left. (See, Exhibit 3 [contraband receipt dated 12/29/2022]).
13. Two male John Doe CERT Officers were standing outside the door watching Plaintiff. A female Officer was also standing outside across the door looking in on the Plaintiff. One of the male CERT

Officers told the Plaintiff to “Move up closer to the wall and keep [his] eyes locked on the wall.”

Soon thereafter other I/Is were placed in the same room to remain standing across from the Plaintiff.

- 14.** There were approximately 25, 4’ft. by 8’ft. windows all around the recreation room. All of them were fully opened by the CERT Officers.
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- 15.** Upon information and belief, CERT 17-28 knew that his fellow CERT Officers had already planned to open all the windows. CERT 17-28 condoned the opening of the windows when he refused to close the windows after the Plaintiff asked for the windows to be closed because of the cold. It was their means of punishing us (myself and other I/Is), 99%-naked in the cold, for the actions of another I/I’s attempt to escape from the facility.
- 16.** Other housing units were also subject to the same inhumane conditions, forced 99%-naked to freeze in front of fully open windows. (*See*, Exhibit 4 [Affidavit #1 I/I Rodriguez])
- 17.** The side recreation room that CERT 17-28 put Plaintiff to stand in was filthy. Upon information and belief the recreation room had been closed down, on or around 2016, due to mold and other unfit conditions.
- 18.** Within 30 minutes of standing in front of the wide open windows, Plaintiff’s body started to shiver uncontrollably as a result of the cold air coursing his 99%-naked body. When one of the John Doe CERT Officers saw Plaintiff shaking he told the Plaintiff to, “[s]tand still and don’t move.” At which point Plaintiff explained to John Doe #1⁴ that he felt as though his legs were about to give out because of the uncontrollable shivering. Plaintiff then asked if the windows could be closed; explaining that he had just gotten over being sick, protesting that he did not want to get sick again. When Plaintiff pointed this out to the CERT Officers; #1 came close-up to the Plaintiff and yelled “!! SHUT THE FUCK UP!!”; I/I Eladio Pena also heard this. (*See*, Exhibit 5 [Affidavit #2 I/I Pena]).
- 19.** Within an hour of Plaintiff standing almost entirely naked in front of the open windows blowing ice cold air (30⁰ with wind chill); making the room seem like an ice box; while holding his inter-locked

⁴ John Doe CERT #1 who works at Fishkill; is white, around 5’11”, 185lb; approx. 27yr old, clean shaven with blue eyes, and blond hair.

fingers over his head; was in extreme pain, arms feeling like jelly, and feeling like he was going to pass out, that he quickly rested his forehead on the wall to stop himself from falling and then quickly stood back up straight. During the search several I/I passed out in other housing units around the prison from this inhumane treatment.

20. After about an hour and a half of standing in the cold, John Doe #1 told Plaintiff, I/I Pena, and the other I/Is that were standing across from the Plaintiff too switch positions by having us unlock our fingers from over our heads and inter-lock them behind our backs.

21. This new position caused Plaintiff's shoulders and upper body a great deal of pain because of the shivering and the way he was ordered to hold his inter-locked hands behind his back; Plaintiff was in this new position for approximately 40 min.

22. When the CERT Officers finished searching the entire housing unit, Plaintiff suffered another 35 min. of shivering almost naked in the cold before they finally let him return to his heated room.

23. All in all, the Plaintiff was exposed standing almost naked in the freezing cold for approximately 2 and half hours (2 ½).

Plaintiff Returns Back to His Room After Search:

24. Once back in his room, he put his clothes back on and the Plaintiff drank several cups of tea to help warm his body from standing in the freezing cold for that number of hours. It was about 4 hours before the Plaintiff felt the chill stop coursing through his body.

Plaintiff Starts to Feel Sick After Being Exposed to the Cold:

25. Later that night, Plaintiff, started to cough. On the following night, December 30, 2021, pain took over the Plaintiff's upper body. As the days proceeded from the 30th to January 9, 2022, Plaintiff's coughing and pain got worse throughout that whole period. Even when trying to sleep he was in immense and immobilizing pain, making it nearly impossible for him to care for himself.

26. On January 10, 2022, at approximately 7:50pm, Plaintiff forcing himself through the pain got out of bed and went to the kitchen to make soup; while attempting to make the soup he was having extreme

difficulty breathing and almost fainted. Plaintiff notified the housing unit Officer of his condition, upon which time the Officer determined that the Plaintiff needed to be seen by the Medical Department. Despite Plaintiff's deteriorated condition, he was given a pass around 10 min. after 8:00pm and told to walk almost a ¼ of a mile to the Clinic.

Plaintiff Forced to, Walk, to Emergency Sick-Call:

27. In route to the clinic while walking in the hallway, Plaintiff's breathing got worse, to the point that he started gasping for air. By the time he exited the building his breathing became so bad that he had to walk slower in the snow to try and catch his breath; Corrections Officer K. Quash noticed something was wrong with the Plaintiff and asked "Mullings, are you alright"; but Plaintiff did not answer him because he was unable to speak.
28. When Plaintiff finally arrived at the clinic at 8:30pm, almost 20 min. after he left his housing unit; he was immediately attended to by Nurse S. Mukkat ("RN Mukkat"). During her evaluation RN Mukkat asked the Plaintiff to relay to her how he was feeling; whereupon he expressed through very few words that he could barely catch a breath and that every breath he did take caused extreme pain. RN Mukkat, also asked when the symptoms began. Plaintiff, the best he could, explained that prior to the Facility search he had felt ill on or about December 22, 2021, and recovered around December 27, 2021. Plaintiff then explained that during the Facility search of his housing unit on December 29, 2021 he was made to strip down to only his underwear by the CERT Officers and ordered to stand in a room that was in ice box like conditions and that after this he started to feel ill again which progressively got worse since that day. (See, Exhibit 6 [Ambulatory Health Record Progress Note dated 1/10/22]). However, RN Mukkat failed to include in Exhibit 6, that the plaintiff told her that he got sick again by the CERT Officers.

RN Mukkat Notifies DR Zamilus of Plaintiff's Condition:

29. After evaluating Plaintiff RN Mukkat notified the Fishkill Medical Director Gaetan Zamilus ("Dr. Zamilus"), by phone, advising him of Plaintiff's condition. Dr. Zamilus thereupon ordered that the Plaintiff be given a rapid Covid test, and for her to administer 2 liters of oxygen via nasal canula.

After about an hour, RN Mukkat again contacted Dr. Zamilus, and informed him that the Covid test came back negative and that the oxygen was not helping; RN Mukkat was then instructed to contact and have Plaintiff seen by Tele-Med.

Plaintiff's Tele-Med Consultation with Dr. Ellis:

30. During the Tele-Med consultation Plaintiff spoke with a Dr. Ellis explaining to her that he was forced to stand in *only* his underwear in a room that was so cold that you could compare it to standing in a walk-in refrigerator, for more or less 2 ½ hours, and that since that time he got sick again to the point where he was in severe pain and having difficulty breathing which led him to emergency sick-call that night. Dr. Ellis then ordered RN Mukkat to administer an Albuteral Nebulizer treatment, and Tylenol. She also instructed her to call an ambulance.

Ambulance Arrives at Fishkill, Takes Plaintiff to St. Luke's Hospital:

31. Around 10:50pm the ambulance arrived and transferred the Plaintiff to Saint Luke's Cornwall Hospital in Newburgh (SLCH). Upon his arrival at SLCH Plaintiff was evaluated in the ER by a Dr. Scot B. Hill, who diagnosed Plaintiff with pneumonia, and mild hypoxia at 1:13am and with a deliberate indifference to the Plaintiff's wellbeing; sent him back to Fishkill instead of admitting so he could receive the proper treatment, inasmuch as, Fishkill's medical clinic is not properly equipped. (*See*, Exhibit 7 [SLCH medical records dated 1/11/22]).

32. A Covid test was also taken at SLCH which was negative. (Exhibit 7, *ante*)

Plaintiff Returns to Fishkill From SLCH

33. At 5:00am, on January 11, 2022, Plaintiff arrived back at Fishkill's Medical Clinic. Nurse M. Pierre' (RN Pierre') immediately informed Dr. Zamilus of SLCH's findings and that the Plaintiff was given antibiotics and a Z-pac while at SLCH. Zamilus then instructed her to admit the Plaintiff into the Facility's infirmary and continue the treatment. During this time the Plaintiff informed Pierre' that he was having chest pain when coughing. (*See*, Exhibit 8 [Ambulatory Health Record Progress Note dated 1/11/22]).

RN K. Jones Observes Plaintiff in Pain:

34. At 5:40am, while in the infirmary RN K. Jones observed Plaintiff breathing shallowly and grunting while trying to catch his breath; while in the clinic RN Jones also observed seeing the Plaintiff in agony. When she checked his oxygen levels she found it to be 88% while attempting to talk, and 91% while at rest. Plaintiff then complained to Jones that the pain was worse when coughing. (See, Exhibit, 9 [infirmary progress notes 1/11/22]).

RN M. Pierre' Acts with Deliberate Indifference:

35. Later that day, RN Pierre', and Officer J. Lee entered Plaintiff's room in the infirmary and she said to him to "[g]et up from the bed and let me take your vitals."; Plaintiff then outstretched his arm and asked if she could take his vitals while he was laying down because he was in pain and when he sits-up the pain gets worse and starts coursing through his body and it takes hours before it subsides; she responded being deliberately indifferent to his condition "I said sit up Now!". When the Plaintiff attempted to sit-up he instantly fell back from the pain. Officer Lee then asked Plaintiff if he had Covid, and after Plaintiff said no, Lee put his arms around the Plaintiff and helped him to sit-up, after which Pierre' took his vitals and falsely stated in plaintiff's chart that "he denies pain." While making her logbook entry Lee was helping the Plaintiff lay back down because of the pain.

36. Sometime during the early morning hours, Plaintiff could not sleep because of the difficulty he was having trying to breath, and because of the pain which was exacerbated by the continuous coughing. Because of the heightened pain and difficulty breathing, he attempted to push the emergency intercom button to get help, he found that it did not work; as a result Plaintiff had to painfully fight his way up out of the bed to get the attention of a nurse or an officer; but, no one was around so he was left gasping for air.

Nurse C. Bron Argues with Dr. Zamliuss to Send Plaintiff to the Outside Hospital:

37. On January 12, 2022, at around 7:00am, RN C. Bron while doing rounds came into Plaintiff's room and saw him sitting at a table wheezing with a pillow and sheet sitting on the table so he could rest his head. Upon seeing the Plaintiff in this way she asked him if he was feeling any better. Plaintiff

explained to her in very few words that he was feeling worse, and when he speaks the pain is so bad it feels like he is going to die.

38. After Bron took Plaintiff's vitals, she immediately said to him, "I'm going to get the doctor to send you out." When she returned with Dr. Zamilus, he asked Plaintiff what he was feeling; in response Plaintiff said, "I am in lot of pain; I can't breathe and when I talk I am in even more pain, and then I start to gasp for air and I feel like I'm gonna die." Upon evaluating the Plaintiff, Zamilus instructed Bron to apply a non-rebreather, and to up the oxygen from 3 liters to 5 liters. At this point Plaintiff overheard Bron started to argue with Zamilus to send him to an outside hospital; amongst other things, she was saying to him, "I'm telling you send him to a hospital because something is wrong with him, and the numbers are not right." However, Dr. Zamilus, wrongly refused her direction to hospitalize the Plaintiff and ordered her to take the easier less effective treatment that only delayed Plaintiff's urgent medical needs.

39. At around 9:10am Nurse Bron checked on the Plaintiff to see if Dr. Zamilus method of treatment was working. When she asked the Plaintiff how he feeling now, Plaintiff told her "worse". Bron then got angry and said, "[y]ou know what, I'm gonna send you out to Mount Vernon for 8 days."; Plaintiff responded by telling her thanks.

Mobile Life Arrives at Fishkill to take Plaintiff to Hospital:

40. At around 9:40am, the Mobile Life personnel arrived in Plaintiff's room in the infirmary, put him on a stretcher,⁵ while on the stretcher in the hallway the male Mobile Life Technician told the Plaintiff to hang in there. While in the hall Nurse Bron was asked by the male Mobile Life Technician "[w]here are we taking him?"; Bron answered "Mount Vernon." At that point the Mobile Life Technician responded to her "[h]e's not going to make it to Mount Vernon. We have to take

⁵ On August 13, 2022, Officer Santiago told Plaintiff that she saw him on the stretcher on Jan. 12th, and that she had expressed to another co-worker that he looked really sick.

him somewhere closer.” Based upon the Mobile Life Technician’s determination the Plaintiff was instead transferred at 9:50am to Putnam Hospital Center (PHC) in Carmel, New York⁶.

Plaintiff Admitted to PHC for 8 Days:

41. On January 12, 2022, at about 10:15am, Plaintiff arrived in the Emergency Room at PHC and was diagnosed with bilateral pneumonia, bilateral pulmonary embolism (PE), respiratory failure, and chest discomfort. After one of the doctors informed Plaintiff of the diagnosis, he also told the Plaintiff that he would be admitted into the hospital for 2 weeks because you could have died. Plaintiff was thereafter given a cocktail of medications, Lovenox, Rocephin, and a vaccine for pneumonia, to name a few. (See, Exhibit 10 [PHC Diagnosis records]).
42. On January 18, 2022, the results of a negative PCR Covid-19 test while at PHC ruled out Covid as the cause of Plaintiff’s symptoms. (See, Exhibit 11 [PHC records/Covid results]).
43. On the same date January 18th, Dr. Janice Wolffriedman falsely wrote in Plaintiff’s medical records at Fishkill that the Plaintiff was positive for Covid, and Covid pneumonia. (See, Exhibit 12 [Admission & Discharge Summary]).
44. While at the hospital the Plaintiff was in so much pain and weak that he could not sit up or even get out of bed to use the bathroom; as a result Plaintiff was given sponge baths by a elderly Spanish woman and her daughter, and a catheter was put in so he could urinate. The Plaintiff was also coughing up blood.

Plaintiff Returns to Fishkill for PHC:

45. On January 19, 2022, Plaintiff was discharged from PHC. Upon his arrival back at Fishkill Plaintiff was once again admitted into Fishkill’s medical infirmary; once there he was continued on the treatment proscribed at PHC being, Eliquis, Augmentin, Iboproph, and other medications. While in his room in the infirmary, Plaintiff was attended to by RN Pierre’ who was there to take his vitals; this time the Plaintiff was able to sit-up on his own and said to her, “see I was telling you that I was

⁶ In May of 2022, Plaintiff went on a medical trip with Officer M. Morton who told the Plaintiff that he was in the back of the ambulance on Jan. 12th, and that he overheard the EMT tell the driver to go to PHC because he would not make it to Mount Vernon Hospital.

still in pain when I came back from St. Luke's", in response Pierre' stated "St. Luke's should have kept you out there when we sent you out the first time."

46. On January 21, 2022, RN Bron entered the Plaintiff's room and took his vitals. After taking Plaintiff's vitals Bron asked the Plaintiff how he was feeling; Plaintiff responded, "I feel better."

Thereupon thanking her for defying Dr. Zamilus and saving his life.

Plaintiff Sent Back to PHC:

47. On January 23, 2022, Bron noticed that Plaintiff's left ankle was swollen; concerned about additional blood clots, called for an ambulance and sent him back to PHC where a ultra-sound was conducted; and was negative for clots. Plaintiff was brought back to Fishkill, re-admitted into the infirmary where he remained until January 28th, 2022 and released back to general population⁷

Institutional Grievance:

48. Plaintiff set forth in a grievance dated February 3, 2022, that the CERT Officers got him sick by exposing him to the freezing weather. He also asserted that he was badly treated in Fishkill infirmary by "various nurses"⁸, and an "African doctor"⁹ who after being told by RN Bron that plaintiff needed to "send me to a out side hospital but he refused to do so"[sic] "so she called an ambulance for me and i was transported to Putnaum Hospital" [sic].
49. On March 3, 2022, the Grievance Committee, (ignoring the abusive conduct of the CERT during the Facility search), concluded that, "Per. DHS 'A'¹⁰, the medical provider at this facility has given the grievant at this facility *all the necessary care afforded to an incarcerated individual while under the custody of the NY DOCCS.*" (Emphasis added).

⁷ On or about February 16, 2022, at a clinic call-out Plaintiff was seen by Nurse Weinrit who while reviewing Plaintiff's records stated, "Respiratory failure. Dam you could have died." Also, on or about July 28, 2022 while at a scheduled cardiologist appointment, Cardiologist J. Tartaglia, also expressed to the Plaintiff that he could have died.

⁸ Later discovered that one of the various nurses was RN M. Pierre'.

⁹ Later discovered that the African doctor was Dr. G. Zamilus.

¹⁰ Deputy Superintendent of Health Services, A. Akinyombo

50. The C.O.R.C.'s¹¹ decision concluded that, after an investigation done by the Division of Health Services, C.O.R.C. concluded that Plaintiff was *currently* receiving appropriate medical care. C.O.R.C. further concluded that the CERT issue was untimely. (*See*, Exhibit 13 [C.O.R.C. Decision])¹².

V. CAUSE(S) OF ACTION:

First Cause of Action:

CERT Officers acts and/or omissions on December 29, 2021, while searching housing unit 10-2; which caused pain and suffering to the plaintiff constituted Cruel and Unusual Punishment in violation of the 8th Amendment of the United States Constitution; whereas, on the above date the Defendant(s), along with the other members of CERT, did force the plaintiff to stand for approx. 2 ½ hours with his arms up and hands on his head causing plaintiff unbearable pain. Defendant # 6 did also on the same date while plaintiff's fingers were inter-locked above his head, did use excessive force by squeezing plaintiff's inter-locked fingers together for approx. 6 minutes causing excruciating pain.

Second Cause of Action:

The CERT Officers acts and/or omissions, on December 29, 2021, while searching housing unit 10-2, in forcing the plaintiff to stand in *only* his underwear in near freezing temperatures for approx. 2 ½ hours; constituted a deliberate indifference to the plaintiff's wellbeing and safety constituting Cruel and Unusual Punishment in violation of the 8th Amendment of the United States Constitution; whereas, on the above date the Defendant(s) did, with deliberate indifference, force plaintiff to disrobe down to his underwear while they opened all the windows, and forced the plaintiff to stand in near freezing temperatures for approx. 2 ½ hours, causing the plaintiff catch pneumonia thereby causing him to suffer respiratory failure, and bilateral pulmonary embolism (PE) that almost caused his death and ongoing

¹¹ Central Office Review Committee

¹² Plaintiff was hospitalized before he was able to submit the grievance.

pain and suffering whereas; plaintiff must now take medication for the rest of his life, and must suffer shorter breath because of scared lungs; all as a direct result of the Defendant's actions.

Third Cause of Action:

As to Defendants numbered 1 thru 5, acting in their individual capacities as *respondeat superior* did through their acts and/or omissions, and with a deliberate indifference to plaintiff's wellbeing; did negligently allow CERT Officers, while working in their individual capacities as subordinates of Defendants 1-5; to open all the windows and force the plaintiff to disrobe down to *only* his underwear, thereafter forcing him to stand in said condition, in near freezing temperatures for approx. 2 ½ hours, and did deny him his clothing. As *respondeat superior*, Defendants 1-5s failure to assert control over the CERT Officers who opened the windows, and forced the plaintiff to stand in near freezing temperatures in *only* his underwear for approx. 2 ½ hours while in their presence constitutes Cruel and Unusual Punishment in violation of the 8th Amendment of the United States Constitution, as though they committed the acts themselves. Said failure to act did cause the plaintiff to catch pneumonia thereby causing him to suffer respiratory failure, and bilateral pulmonary embolism (PE) that almost caused his death and ongoing pain and suffering whereas; plaintiff must now take medication for the rest of his life, and must suffer shorter breath because of scared lungs; all as a direct result of the Defendants disregard for the plaintiff's wellbeing.

Fourth Cause of Action:

Dr. Gaetan Zamilus acts and/or omissions were deliberate indifference in delaying Plaintiff's urgent medical care, when the reason for the 2 ½ hours delay stem from Zamilus compelling RN C. Bron to tried a easier and less effective treatment; by having her up the liters from 3 liters to 5 liters and also had her applied a non-breather to Plaintiff's life threatening conditions, instead of following Bron's instruction when she started to argued with Zamilus to immediately send Plaintiff to an outside hospital, by telling him, among other things, that Plaintiff's vital numbers shows that something serious is wrong with him; in addition to plaintiff also telling Zamilus. "I am in lot of pain; I can't breathe and when I talk I am in even more pain, and then I start to gasp for air and I feel like I'm gonna die."

Because Zamilus intentionally delayed Plaintiff's urgent medical care to hospitalize him, the delay worsen Plaintiff's condition that had Mobile Life not taken Plaintiff to a nearby hospital (PHC), disregarding going to Mount Vernon Hospital, Plaintiff would have die; the fact that he was diagnosed for respiratory failure, PE, and for chest discomfort on top of his prior diagnosis of pneumonia at SLCH when he arrived at PHC; wherefore, Zamilus' delay violated Plaintiff's 8th Amendment Constitutional rights.

Fifth Cause of Action:

RN M. Pierre's acts and /or omissions, on January 12, 2022, after Plaintiff outstretched his arm and asked for her to take his vitals while he was laying down in the infirmary bed; explaining to her that the excruciating pain in his body is preventing him from moving or sitting up and that whenever he moves the pain gets worse, and it takes hours before it settles back to a less painful level; she was deliberate indifference to plaintiff's wellbeing by causing him more pain when she gave him a direct order, yelling at him, to sit up in the bed to let her take is vitals. That when Plaintiff's attempted to sit up he fell right back in the bed on his back because of additional pain; that Officer J. Lee had to put his arms around Plaintiff and help him to sit up through elevated pain; The acts/omissions of RN Pierre' constitutes Cruel and Unusual Punishment because every other nurse took Plaintiff's vitals while he was laying down in his bed in the infirmary and the outside hospitals.

VI. INJURIES

As set forth in § VI, ¶¶ 1-50 *infra.*, the plaintiff as a direct result of the Defendants acts and/or omissions caused the plaintiff to catch pneumonia thereby causing him to suffer respiratory failure, and bilateral pulmonary embolism (PE), that created a grave risk of death and ongoing pain and suffering whereas; plaintiff must now take medication for the rest of his life, and must suffer shorter breath because of scared lungs.

VII. RELIEF

As a PRO SE litigant with no formal legal training, Plaintiff asks this Court to liberally construe his complaint; however inartfull it may be plead, to make the strongest argument(s) that they suggest, and not hold it to the stringent standards then formal pleadings drafted by an attorney.

WHEREFORE, Plaintiff, Andrew R. Mullings, PRO SE, Prays for and requests that an ORDER be issued Declaring that the Defendants have acted in violation of the United States Constitution and for a judgment in his favor and damages in his favor against all Defendants in an amount sufficient to compensate him for the pain and mental anguish by them due to the deliberate indifference and intentional misconduct of the Defendant(s) Edward Burnett, Michael Daye, C. Churns, Joseph Noeth, Darren Miller, CERT Officer # 17-28, S. Thompson, M. Pierre', Gaetan Zamilus, and John Doe CERT Officer(s) 1thru 40 individually and/or as they performed in concert with their cohort(s).

FURTHER, Plaintiff, Andrew R. Mullings, PRO SE, prays for and requests \$10,000,000⁰⁰ as compensatory damages and /or coverage of all medical bills (including but not limited to medication, ect.) to be awarded to Plaintiff from the individual named Defendant(s) together with any and all attorney fees and costs, and for such additional relief as this Court may deem just, proper, and equitable.

FURTHERMORE, Plaintiff, Andrew R. Mullings, PRO SE, prays for and requests \$100,000.00 as punitive damages be awarded to Plaintiff from each named individual Defendant(s).

Pursuant To 28 U.S.C. §1746, I, Andrew R. Mullings, Plaintiff, PRO SE, Declare Under The Penalty Of Perjury That The Foregoing Is True And Correct To The Best Of My First Hand Knowledge And Belief.

Respectfully Submitted,

DATED: September 12, 2022



Andrew R. Mullings
Plaintiff, PRO SE

VIII. PLAINTIFF'S CERTIFICATION AND WARNINGS

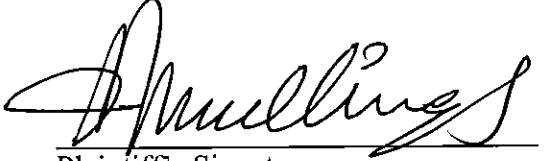
By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the 5 Causes of Action are supported by existing law or by a non-frivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997 e (a), and that Plaintiff's case may be dismissed he has not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to his address. Plaintiff understands that his failure to keep a current address on file with the Clerk's Office may result in the dismissal of this case.

9/12/22
Dated


Plaintiff's Signature

<u>Andrew</u>	<u>R.</u>	<u>Mullings</u>
First Name	Middle Name	Last Name
<u>Fishkill Corr. Facility,</u>	<u>18 Strack Drive</u>	
Prison Address		
<u>Beacon,</u>	<u>New York</u>	<u>12508-0307</u>
County, City	State	Zip code

Date on which I am delivering this complaint to prison authorities for mailing:

9/12/22

2:15

5G

 world-weather.info
 




Search



World > United States > New York > Weather in Beacon

Weather in Beacon in December 2021

2018

2019

2020

2022

2023

Jan

Apr

Jul

Oct

Feb

May

Aug

Nov

Mar

Jun

Sep

Dec



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People also view


Beacon, NY 14-day Weather Forecast - weathertrends360

Beacon weather forecast Daily and hourly weather


2:16 ↵

5G 

Sunday, 26 December

Night **+39°** Day  **+43°** Clear

Monday, 27 December

Night **+32°** Day  **+30°** Cloudy

Tuesday, 28 December

Night **+34°** Day  **+45°** Mostly cloudy

Wednesday, 29 December

Night **+36°** Day  **+39°** Cloudy

Thursday, 30 December

Night **+39°** Day  **+43°** Cloudy and light rain

Friday, 31 December

Night **+43°** Day  **+50°** Cloudy

Average weather in December 2021

19 days

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108

Tour II Continue from pg 107 12/29/21

11:00am Rounds made.

11:30am Count taken 26-25-1. Out to UCI. Accepted by w/c office.

11:50am Count clear via Fishkill base.

12:00pm Rounds made.

12:30pm Rounds made.

1:00pm Rounds made.

1:30pm Rounds made.

1:50pm Count on unit

2:00pm So Ka Perez at post

All times are approximate

DATE 12/29/21

SUPERVISOR
C.O. ASSIGSgt. III
J. Ashley
F.A.K. Sealed

10-2

ALL POST ORDERS

DIRECTIVES REVIEWED

Wednesday

2:30pm C.O. Ashley on post w/all state-issued equipment in working condition, "Female On Unit Announced", Fire/Safety + Bae/Hammer Check Complete, Verbal Census 26-25-1 out to UCI, Cert Team On Unit for Cube Searches

3:00pm Rounds Made

3:15pm Code 17/19

3:20pm

Confirmed w/Movement 26-24-2 but RMU, 1 out UCI
Sgt. Burell, D/C North, A/C Miller
FAs Daye, Capt Chaves, A/C
Observed Risk

3:50pm Code H.U.N

4:00pm Count 26-24-2 1 out to RMU 1 out to UCI

4:00pm Code 17/19 Clear

4:30pm Rounds Made

5:00pm Code H.U. 22

5:15pm Code H.U. 22 Clear

Continued on Pg. 109 - Tour III 12/29

All Time Appr

10:00
10:15
11:00
11:30
↓
V

FORM #2077 (REV. 11/16)

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

CELL FRISK/CONTRABAND RECEIPT

FISHKILL CORRECTIONAL FACILITYOriginal - Inmate
Copy - DSSDate: December 29, 21 Frisk Start Time: 1:55 pm Frisk End Time: 3:18 pmInmate Name: MULLINGS DIN: 02A2656 CELL/CUBE/ROOM: 25Officer Conducting Search: 17-28

Print Name Legibly

Badge #

Signature

ITEMS CONFISCATED OR DAMAGED	WHERE FOUND	DISPOSITION OF ITEMS LISTED

☒ NO CONTRABAND FOUND☒ NO PROPERTY DAMAGED DURING SEARCH**NOTICE TO INMATE:** YOU MAY WRITE TO THE DEPUTY SUPERINTENDENT FOR SECURITY WITHIN 7 DAYS OF THIS RECEIPT REGARDING THE CONFISCATION OR DISPOSITION OF THESE ITEMS.**NOTE:** DURING THIS CELL FRISK, MY INITIALS BELOW INDICATE THAT THE CELL INTEGRITY CHECK HAS BEEN COMPLETED AS FOLLOWS:FLOORS: CSINK/TOILET: CAIR VENT: CWINDOW CHECKED/INTACT: CCEILING: CWALLS: CBARS: CMISC: C**IN ADDITION:** THE FOLLOWING ITEMS WERE CHECKED FOR COMPLIANCE:PROPERTY LIMITS (No more than 4 bags of property): CPHOTOGRAPH/PICTURE COMPLIANCE (No nudes visible from the front of cell. All photos/pictures confined in the appropriate 2' x 4' section.) CINMATE ID MATCHES CURRENT APPEARANCE (Checked ID to inmate's current appearance, if the inmate was present for the search.) CComments: C

Ralph Rodriguez
Din#: 17A0928
Fishkill Correctional Facility
P.O. Box 1245
Beacon, New York 12508

NEW YORK STATE)
)
COUNTY OF DUTCHESS)

VOLUNTARY AFFIDAVIT

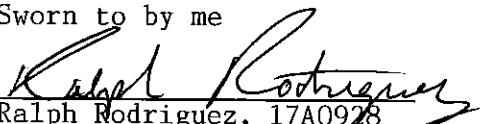
On or about December 24, 2021, there was allegations that an inmate had attempted to escape walking up to the front gate but was quickly apprehended.

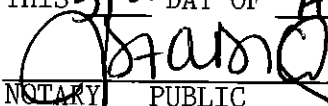
The facility was closed down that day and reopened the next day being Saturday and Sunday, and on Monday December 27, 2021, the facility was locked down and C.E.R.T was called in. At no time was there just cause for their deployment.

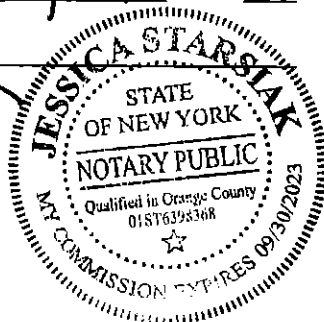
When C.E.R.T had arrived at Fishkill they went from housing unit to housing unit severely assaulting inmates, destroying property and violating inmates constitutional protected rights. I myself was severely beaten and was a victim of their unjust and unprovoked actions.

I was then stripped down to my boxers and taken to the rec. area located on 7-1 and kept in front of the open windows in freezing temperature for hours along with my housing unit.

Sworn to by me


Ralph Rodriguez, 17A0928

SWORN TO BEFORE ME
THIS 31st DAY OF AUGUST, 20 22

NOTARY PUBLIC



Eladio Pena, Din:02-A-6417
Fishkill Corr. Facility
PO/Box 1245
Beacon, N.Y. 12508

SWORN VOLUNARTY AFFIDAVIT

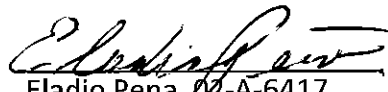
I, Eladio Pena, being duly sworn make this affidavit on behalf of Andrew Mullings, Din No. 02-A-2656, based upon my own observations, I do hereby depose the following to be true to the best of my ability.

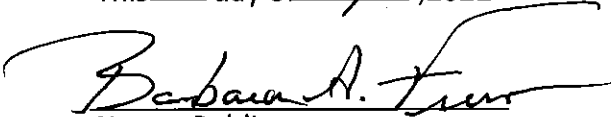
On December 29, 2021, myself, Mr. Mullings, and a few more I/Is were ordered by CERT Officers to take off our cloths leaving only our boxers on, and then had us stand in the cold weather inside one of the rooms in the housing unit 10-2 rec. area. We were told to stand with our hands on top of our head and not to move. I was getting so cold in there I was about to ask the Officer if the window could be closed; but before I was able to say anything, Mr. Mullings spoke up and asked if the windows could be closed because he was cold and that he had just gotten over being sick with a fever; at which point the CERT Officer walked up to Mr. Mullings and told him very aggressively to "shut his fucken mouth!", so I myself decided not to say anything about the windows being open.

Sworn to By Me

SWORN TO BEFORE ME

This 26 day of August, 2022


Eladio Pena, 02-A-6417


Notary Public

BARBARA A FREESE
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FR636184
Qualified in Dutchess County
My Commission Expires 07-17-2025

AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	Mullings, Andrew	DIN	02A2656	Date of Birth	11-29-76	Facility Name	Fishkill
------	------------------	-----	---------	---------------	----------	---------------	----------

Subjective:	ESC 45 years old male came 2 clo SOB, not feeling well		Last Name	Mullings, Andrew			
Objective:	and headache. Vitals checked.		DIN	02A2656	Location	Clinic	
Assessment:	Stated that he is not feeling well since 12/22/21 and progressively worsening his condition		Date	1/10/22	Time	8 ⁴⁵ pm	
Plan:	Lump cleared bilaterally. Notified Dr. Zamilus. Ordered to do a chest rapid test and administer 2L of oxygen via nasal cannula.		Provider Orders:	140/77 24 100°F, 118 89/RA			
Signature/Provider # S. Mulkath 516 RN Transcribing Order/Provider #/Date/Time 1/10/22 8 ⁴⁵ pm							

Subjective:	Oxygen administered as per the order Rapid test		Last Name	Mullings, Andrew			
Objective:	negative. SpO2 94% on 2L		DIN	02A2656	Location	Clinic	
Assessment:	Called back Dr. Zamilus. Ordered to Telemed the pt. Papers faxed to Telemed.		Date	1/10/22	Time	9 ³⁰ pm	
Plan:	Telemed and Dr. Ellis ordered to administer albuterol x 1 dose ^{given at 9³⁰ pm} and to send to ER SLH for evaluation. Notified Watch Commander Tylene/650mg x 1 dose given		Provider Orders:	Vital - 9 ¹⁵ pm - HR 110 20 93/152			
Report to next	Vital at 10 pm - 100.9°F 111 20 96/21 - Minimal wheezing bilaterally		Signature/Provider #	S. Mulkath 516 RN Transcribing Order/Provider #/Date/Time 1/10/22 9 ³⁰ pm			

Subjective:	Report given to next Shift Mobile Life called at		Last Name	Mullings, Andrew			
Objective:	9 ⁴⁵ pm. Awaiting ambulance		DIN	02A2656	Location		
Assessment:			Date	1/10/22	Time	10 ³⁰ pm	
Plan:			Provider Orders:				
Signature/Provider # Mulkath 516 RN Transcribing Order/Provider #/Date/Time 1/10/22 10 ³⁰ pm							


Continue entry into next box if necessary.

AFTER VISIT SUMMARY

Montefiore | St. Luke's Cornwall

Andrew Mulings MRN: 09562331 DoB: 11/29/1976 1/10/2022 SLC EMERGENCY DEPARTMENT 845-568-2305

Instructions

 Azithromycin 500mg IV given in the emergency department. Will need 4 more days of azithromycin 250mg a day.



Read the attached information

Pneumonia (English)



Follow up with Cornerstone Family Health Cent, MD

Contact: 147 LAKE ST
Newburgh NY
845-563-8000



Follow up with CRYSTAL RUN HEALTH CARE

Contact: 155 Crystal Run Road
Middletown New York 10941

What's Next

You currently have no upcoming appointments scheduled.

Montefiore MyChart Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://mychart.montefiore.org/MyChart/>, click "Sign Up Now", and enter your personal activation code: 7ZX4T-C4ZD6-KB9KJ. Activation code expires 1/25/2022.

You are allergic to the following

No active allergies

Changes to Your Medication List

You have not been prescribed any medications.

Today's Visit

You were seen by Scot B Hill, MD

Reason for Visit

Shortness of Breath

Diagnosis

Pneumonia

Lab Tests Completed

Amylase
B-NATRIURETIC PEPTIDE
Basic Metabolic Panel
CBC
Creatine Kinase
FLU/RSV + SARS-CoV-2
Lipase
Magnesium
Manual Differential
TROPONIN I

Imaging Tests

CT ABDOMEN AND PELVIS - ROUTINE
WITHOUT IV CONTRAST
ECG 12 Lead
XR chest - portable AP

Done Today

Vital Signs

Medications Given

azithromycin injection 500 mg Last
given 1/11/2022 3:12 AM



Blood
Pressure
109/52



Temperature
(Oral)
99 °F



Pulse
88



Respiration
22



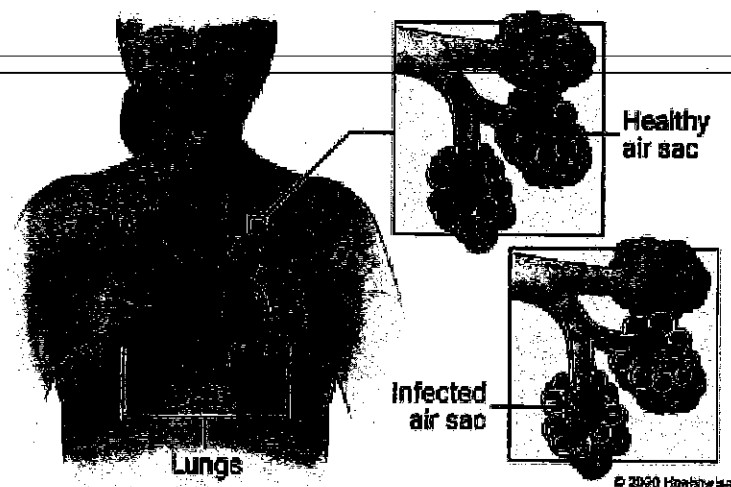
Oxygen
Saturation
95%

Attached Information

Pneumonia (English)

Pneumonia: Care Instructions

Overview



Pneumonia is an infection of the lungs. Most cases are caused by infections from bacteria or viruses.

Pneumonia may be mild or very severe. If it is caused by bacteria, you will be treated with antibiotics. It may take a few weeks to a few months to recover fully from pneumonia, depending on how sick you were and whether your overall health is good.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Take your antibiotics exactly as directed. Do not stop taking the medicine just because you are feeling better. You need to take the full course of antibiotics.
- Take your medicines exactly as prescribed. Call your doctor if you think you are having a problem with your medicine.
- Get plenty of rest and sleep. You may feel weak and tired for a while, but your energy level will improve with time.
- To prevent dehydration, drink plenty of fluids. Choose water and other clear liquids. If you have kidney, heart, or liver disease and have to limit fluids, talk with your doctor before you increase the amount of fluids you drink.
- Take care of your cough so you can rest. A cough that brings up mucus from your lungs is common with pneumonia. It is one way your body gets rid of the infection. But if coughing keeps you from resting or causes severe fatigue and chest-wall pain, talk to your doctor. Your doctor may suggest that you take a medicine to reduce the cough.
- Use a vaporizer or humidifier to add moisture to your bedroom. Follow the directions for cleaning the machine.
- Do not smoke or allow others to smoke around you. Smoke will make your cough last longer. If you need help quitting, talk to your doctor about stop-smoking programs and medicines. These can increase your chances of quitting for good.
- Take an over-the-counter pain medicine, such as acetaminophen (Tylenol), ibuprofen (Advil, Motrin), or naproxen (Aleve). Read and follow all instructions on the label.

- Do not take two or more pain medicines at the same time unless the doctor told you to. Many pain medicines have acetaminophen, which is Tylenol. Too much acetaminophen (Tylenol) can be harmful.
- If you were given a spirometer to measure how well your lungs are working, use it as instructed. This can help your doctor tell how your recovery is going.
- To prevent pneumonia in the future, talk to your doctor about getting a flu vaccine (once a year) and a pneumococcal vaccine (one time only for most people).

When should you call for help?



Call 911 anytime you think you may need emergency care. For example, call if:

- You have severe trouble breathing.

Call your doctor now or seek immediate medical care if:

- You cough up dark brown or bloody mucus (sputum).
- You have new or worse trouble breathing.
- You are dizzy or lightheaded, or you feel like you may faint.

Watch closely for changes in your health, and be sure to contact your doctor if:

- You have a new or higher fever.
- You are coughing more deeply or more often.
- You are not getting better after 2 days (48 hours).
- You do not get better as expected.

Where can you learn more?

Go to <https://mychart.montefiore.org>.

Enter **D336** in the search box to learn more about "**Pneumonia: Care Instructions.**"

Not on MyChart? Go to <https://mychart.montefiore.org> and click the "Sign Up Now" link to request an activation code.

Current as of: July 6, 2021

Content Version: 13.0

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Care instructions adapted under license by Montefiore Medical Center. If you have questions about a medical condition or this instruction, always ask your healthcare professional. Healthwise, Incorporated disclaims any warranty or liability for your use of this information.

Mulings, Andrew #09562331 (Acct:8300971535) (45
y.o. M) PCP: None

Iso-A

Lab and Imaging Results

Procedure	Component	Value	Units	Date/Time
Amylase [1276617272] (Normal)				Collected: 01/11/22 0051
Specimen: Blood				Updated: 01/11/22 0149
	AMYLASE	97	U/L	

B NATRIURETIC PEPTIDE [1276617274] (Abnormal)

Specimen: Blood Collected: 01/11/22 0051
Updated: 01/11/22 0149

NT-PRO B
NATRIURETIC
PEPTIDE

160 ^ pg/mL

Comment: Recommended medical decision thresholds, by age group, are:

Patients < 75 years: 125 pg/mL

Patients >= 75 years: 450 pg/mL

Basic Metabolic Panel [1276617273] (Abnormal)

Specimen: Blood Collected: 01/11/22 0051
Updated: 01/11/22 0149

BUN	16	mg/dL
CALCIUM	8.7	mg/dL
CHLORIDE	105	mmol/L
CO2	24	mmol/L
CREATININE	1.260	mg/dL
GLUCOSE	109 ^	mg/dL
POTASSIUM	4.1	mmol/L
SODIUM	135	mmol/L
ANION GAP	6.0 v	mmol/L
BUN/CREAT RATIO	12.7	
EST.GLOMERUL AR FILTRATION RATE	61.89	mL/min
EST.GFR	74.89	mL/min
AFRICAN AMERICAN OSMOLALITY CALCULATION	272 v	mos/kg

CBC [1276617282] (Abnormal)

Specimen: Blood Collected: 01/11/22 0051
Updated: 01/11/22 0131

WBC	16.76 ^	K/uL
RBC	3.80 v	M/uL
HGB	11.3 v	g/dL
HCT	33.0 v	%
MCV	86.8	fL
MCH	29.7	pg
MCHC	34.2	g/dL
RDW-CV	12.6	%
PLT	389	K/uL
MPV	9.8	fL

CBC, Automated [1276617271] (Abnormal)

Specimen: Blood Collected: 01/11/22 0051
Updated: 01/11/22 0131

Narrative:

The following orders were created for panel order CBC, Automated.

Procedure	Abnormality	Status
CBC[1276617282]	Abnormal	Final result

Lab and Imaging Results (continued)

Procedure	Component	Value	Units	Date/Time
-----------	-----------	-------	-------	-----------

Please view results for these tests on the individual orders.

CT ABDOMEN AND PELVIS - ROUTINE - WITHOUT IV CONTRAST
[1276617280]

Collected: 01/11/22 0136

Updated: 01/11/22 0140

Narrative:

PROCEDURE: CT ABDOMEN AND PELVIS WITHOUT IV CONTRAST

COMPARISON: None.

INDICATIONS: cough

TECHNIQUE: CT images were created without intravenous contrast. This CT was performed utilizing dose reduction software.

FINDINGS:

Lung bases show multiple severe patchy and consolidative opacities in both lungs that can be multifocal infectious versus inflammatory interstitial pneumonitis. Trace bilateral pleural fluid seen. Spleen, gallbladder, adrenal glands, left kidney and pancreas are normal. Enlarged liver measures 20 cm in craniocaudal dimension. 3 mm nonobstructing right renal stone is seen. There is no bulky lymphadenopathy. Moderate stool noted. Bowel loops are normal. No appendiceal inflammation seen. Aorta, bladder, prostate and seminal vesicles are normal. L5-S1 DDD noted. Mild pelvic free fluid noted.

CONCLUSION:

1. Multiple severe patchy and consolidative opacities in both lungs that can be multifocal infectious versus inflammatory interstitial pneumonitis.
2. Trace bilateral pleural fluid.
3. 3 mm nonobstructing right renal stone.
4. Hepatomegaly.
5. Mild pelvic free fluid.
6. L5-S1 DDD.

Dictated by: Siddiqui, Pervez on 01/11/2022 at 1:13 AM

Approved by: Siddiqui, Pervez on 01/11/2022 at 1:36 AM

Creatine Kinase [1276617275] (Normal)

Specimen: Blood

Collected: 01/11/22 0051

Updated: 01/11/22 0149

CPK	58	U/L
-----	----	-----

ECG 12 Lead [1276617266]

Collected: 01/11/22 0111

Updated: 01/11/22 0111

Ventricular Rate	89	BPM
Atrial Rate	89	BPM
P-R INTERVAL	142	ms
QRS Duration	94	ms
QT Interval	354	ms
QTC	430	ms
CALCULATION(BEZET)		
P Axis	52	degrees
R Axis	26	degrees
T Wave Axis	67	degrees

Impression:

Normal sinus rhythm

Normal ECG

Lab and Imaging Results (continued)

Procedure	Component	Value	Units	Date/Time
No previous ECGs available				
FLU/RSV + SARS-CoV-2 [1276617286] (Normal)				Collected: 01/11/22 0139
Specimen: Swab from Nasopharyngeal				Updated: 01/11/22 0233
	Influenza A	Negative		
Comment: Test Methodology: RT-PCR based molecular diagnostic testing.				
	Influenza B	Negative		
Comment: Test Methodology: RT-PCR based molecular diagnostic testing.				
	RSV	Negative		
Comment: Test Methodology: RT-PCR based molecular diagnostic testing.				
	SARS-COV2 (COVID 19)	Negative		
Comment: Test Methodology: RT-PCR based molecular diagnostic testing.				

Narrative:

The Xpert Xpress SARSCoV-2/Flu/RSV test is only for use under the Food and Drug Administration's Emergency Use Authorization.

Lipase [1276617276] (Normal)				Collected: 01/11/22 0051
Specimen: Blood				Updated: 01/11/22 0149
	LIPASE	122	U/L	
Magnesium [1276617277] (Normal)				Collected: 01/11/22 0051
Specimen: Blood				Updated: 01/11/22 0149
	MAGNESIUM	2.3	mg/dL	
Manual Differential [1276617284] (Abnormal)				Collected: 01/11/22 0051
Specimen: Blood				Updated: 01/11/22 0304
	SEGMENTED NEUTROPHIL ABSOLUTE COUNT	90.0 ^	%	
	LYMPHOCYTE	5.0 v	%	
	MONOCYTE	5.0	%	
	PLATELET ESTIMATE	Adequate		
	POIKILOCYTOSIS	2+ !		
	TARGET CELLS	1+ !		
	ELLIPTOCYTOSIS	1+ !		
	ACANTHOCYTOSIS	1+ !		
	ECHINOCYTOSIS	2+ !		

TROPONIN I [1276617278] (Normal)				Collected: 01/11/22 0051
Specimen: Blood				Updated: 01/11/22 0146
	Troponin I - HS	5.500	ng/L	

Narrative:

New testing methodology as of December 2021.

XR chest - portable AP [1276617279]				Collected: 01/11/22 0113
				Updated: 01/11/22 0140

Narrative:

PROCEDURE: XR CHEST - PORTABLE AP

COMPARISON: None.

INDICATIONS: r side cp

Mulings, Andrew DOB: 11/29/1976

Lab and Imaging Results (continued)

Procedure	Component	Value	Units	Date/Time
-----------	-----------	-------	-------	-----------

FINDINGS:

LUNGS: Moderate bibasilar atelectasis and/or pneumonia noted.

VASCULATURE: Normal. Unremarkable pulmonary vasculature.

CARDIAC: Normal. No cardiac silhouette abnormality or cardiomegaly.

MEDIASTINUM: Normal. No visible mass or adenopathy.

PLEURA: Small bilateral effusions noted.

OTHER: Negative.

CONCLUSION: Moderate bibasilar atelectasis and/or pneumonia and bilateral pleural effusions.

Dictated by: Siddiqui, Pervez on 01/11/2022 at 1:12 AM

Approved by: Siddiqui, Pervez on 01/11/2022 at 1:13 AM

AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	Mullings, Andrew	DIN	02A2656	Date of Birth	11/29/76	Facility Name	Fishkill
Subjective:	RTN from SLH COVID(-) @ facility @ SLH.			Last Name	Mullings		
Objective:	CXR/CT chest show infiltrate of bilateral (R & L) lungs also has elevated WBC.			DIN	02A2656	Location	
Assessment:	Pt has Pneumonia & mild Hypoxia per Diagnosis.			Date	11/1/22	Time	5 Am
Plan:	Started on Z Pacl PO. Supplemental O2 for SpO2 > 90%.			Provider Orders:			
T.O to Dr Zanclus/RN Please informed of the Above. Pt to Continue Antibiotic Z Pacl PO. & PRN Supplemental O2							
Signature/Provider #				RN Transcribing Order/Provider #/Date/Time			
Subjective:	@ 2L for Sat > 90%. Admit to Infirmary.			Last Name	Infirmary		
Objective:	Vitals 119/75-98-18			DIN			
Assessment:	SPO2 95%.			Date			
Plan:	Pt Complained of Pain in the chest area when coughing. Pt to Quarantine Per Protocol.			Provider Orders:			
Signature/Provider # _____ RN Transcribing Order/Provider #/Date/Time _____							
Subjective:	D/C L lung see provider 1 week			Last Name			
Objective:	has xrt lung entrel in F/U			DIN			
Assessment:	mab.			Date	1/28/24	Time	9:30 AM
Plan:	- Nausea 5mg QID - Colace 100mg BID			Provider Orders:	- Miralax 12g in 800ml QID - Elavil 5mg BID		
Signature/Provider # _____ RN Transcribing Order/Provider #/Date/Time _____							

Continue entry into next box if necessary.

RMU/Infirmary Progress Notes

Name: Mulings, Andrew DIN: 02A2656 DOB: 11/29/76 Facility: ECF

Date	Time (am/pm)	Health Provider Progress Note
1/11/22	5:40AM	<p>Patient admitted to infirmary at 5:00am post ER evaluation at SLT for c/o shortness of breath.</p> <p>Discharge dx: pneumonia, mild hypoxia VS 137/78, T: 100.2°F (oral), P 90, Ox: 88% when speaking, 91% at rest without speaking. Patient observed grunting with shallow breaths, stated "I'm doing this to avoid coughing because it hurts too much when I cough." Unable to auscultate lungs due to grunting sounds.</p> <p>At 5:15am, supplemental oxygen administered at 2L/min via nasal cannula - pulse ox: 93%, 93P. Patient c/o stabbing pain all over body that worsens when coughing, c/o chills.</p> <p>At 5:25am, oxygen increased to 3L/min to meet facility policy of 95% pulse ox. Oxygen saturation: 95%, 95P. Fluids encouraged. Patient is currently in a negative pressure room in airborne precautions. COVID-19 PCR test pending. Will continue to monitor. — K. Dams RN 683</p>
1/11/22	9:00AM	<p>VS: pox 95% 3 (NC), 18, 20, 148/80, 1/100 80 phenol & morph given as ordered. LSC ↓ shallow breathing c/o pain to Back and ⑤ flanks from coughing. Assessment & ongoing. — Marshall/E</p>
1/11/22	7:45pm	<p>PT in room resting comfortable. No acute distress noted. VS 98% 123/70 84 18 80b2 95% via NC @ 3L accepted all scheduled meds without problems. Denies any pain currently. Will continue to monitor & provide support. — M. Pierce RN 183</p>
1/12/22	5:30 AM	<p>PT slept through the night without problems. Respirations even & unlabored. No acute distress noted. Denies any pain. Supplemental O2 via NC @ 2L for O2 Sat > 90%. Monitoring continues. Offers No Complaints. — M. Pierce RN 183</p>



Putnam Hospital Center
670 Stoneleigh Ave
Carmel, NY 10512-
(845) 279-5711

MR#: 311061783

Account #: 11253266

MULINGS, ANDREW

DOB: 11/29/1976 45 years

LOCATION: 3 North; 366; A

ADMIT: 1/12/2022

Male

DISCHARGE:

H and P Reports

DOCUMENT NAME:
SERVICE DATE/TIME:
RESULT STATUS:
PERFORM INFORMATION:
SIGN INFORMATION:

History and Physical
1/12/2022 16:34 EST
Auth (Verified)
Apel, Anatoly (1/12/2022 16:46 EST)
Apel, Anatoly (1/12/2022 16:46 EST)

Chief Complaint:

patient arrived from Fishkill Correction with two corrections officers and mobile life staff. had difficulty breathing at facility, is currently on 15 liters, lung sounds diminished, was at Saint Lukes yesterday, and given zpac

History of Present Illness:

Patient is a 45 years old man from Department of Corrections with history of hypertension who presented to emergency room with progressive worsening shortness of breath associated with his dry mild productive cough, subjective fevers, increased night sweats and pleuritic chest discomfort.

Symptoms started approximately 2 weeks ago. He was seen in St. Luke's hospital on Monday, was diagnosed with community-acquired pneumonia and was discharged back to correctional facility on Z-Pak. Patient symptoms continue to deteriorate and patient was brought to PHC emergency room for reassessment.

On arrival to ED, the patient was saturating in high 80s. He was noted to be mildly tachypneic with respiratory rate in mid 20s. There was no fever.

Chest x-ray Chest x-ray showed bilateral basal infiltrates/consolidation. Subsequently he underwent CT angiogram of the chest which showed bilateral pulmonary emboli as without clear evidence of right heart strain. Patient was also noted to have bibasilar infiltrates suggestive of possible underlying pneumonia.

Rapid COVID-19 test came back negative. As per patient, he had negative rapid test on December 22 and on Monday at St. Luke's Hospital. He is not vaccinated against COVID.

Review of symptoms: Patient reported left calf tenderness

Physical Exam:

Vitals & Measurements

T: 97.5 °F (Oral) HR: 65 (Monitored) RR: 24 BP: 124/78 SpO2: 93% WT: 83 kg
BMI: 24.78 BMI: 24.78

Constitutional/General: Well developed, well nourished, vitals reviewed

EYE: PERRL, conjunctiva clear

ENT: Good dentition, oropharynx clear

NECK: No masses, thyroid normal

Problem List/Past Medical History:

Ongoing

Bilateral pneumonia
Bilateral pulmonary embolism
Hypoxemia

Historical

No qualifying data

Medications:

Fluarix PF Quadrivalent 2021-2022, IM, As directed
guaifenesin-codeine 100 mg-10 mg/5 mL, Oral, q4hr, PRN
Lovenox, 83 mg Subcutaneous, Once
Lovenox, 80 mg Subcutaneous, q24hr (specified start)
NS 1,000 mL, IV Infusion
pneumococcal 23-polyvalent vaccine, IM, As directed
Rocephin IV 1 gm + Sodium Chloride 0.9% IV Solution 10 mL, 1 gm IV Push, q24hr (specified start)
Saline Flush 0.9%, IV, q12hr, PRN
Saline Flush 0.9%, IV, Daily
Tylenol, 650 mg Oral, q4hr, PRN
Zithromax IVPB, 500 mg IV Piggyback, q24hr (specified start)

Home Medications (5) Active

amlodipine 5 mg oral tablet 5 mg = 1 tab, Oral, Daily
azithromycin 250 mg., Oral, See comments
docusate sodium 100 mg, Oral, BID
ibuprofen 600 mg., Oral, BID
polyethylene glycol 3350 17 gm, Oral, Daily

Allergies:

No active allergies

Report Request ID: 104047436

Page 1 of 2

Printed Date/Time: 1/18/2022 15:39 EST

This document contains confidential patient information which is protected under Federal and State law. If you are not the intended recipient, please contact the Health Information Management Department at (845) 437-3020.



Putnam Hospital Center
670 Stoneleigh Ave
Carmel, NY 10512-
(845) 279-5711

MR#: 311061783

Account #: 11253266

MULINGS, ANDREW

DOB: 11/29/1976 45 years

LOCATION: 3 North; 366; A

ADMIT: 1/12/2022

Male

DISCHARGE:

H and P Reports

RESP: Decreased breath sound at bases**CV:** RRR, normal S1S2, no murmur, 2+ DP pulses, no JVD, no edema, + left calf tenderness**ABDOMEN:** Soft, nontender, no HSM**LYMPH:** No cervical or supraclavicular adenopathy**SKIN:** Warm, dry, no rashes**NEURO:** CN II-XII intact grossly, sensation intact**PSYCHIATRIC:** Oriented x3, normal mood and affect**Social History:****Home/Environment**

Lives with DOC.

Tobacco

Former smoker, Household tobacco concerns: No.

Family History:

No family history of thrombophilia, sudden death

Diagnosis:

1. Acute hypoxic respiratory failure secondary to bilateral pulm emboli's and/or pneumonia.

Despite of negative rapid COVID-19 test x3, COVID-19 infection remains high on differential given his unvaccinated status, congregate settings and unexplained/unprovoked bilateral PE.

Cannot rule out underlying bacterial pneumonia

2. Hypertension

3. Mildly elevated creatinine. Probably prerenal azotemia due to dehydration

Assessment/Plan:

- Patient will be admitted to medical/surgical floor with remote telemetry

-Supplemental oxygen

-Continue isolation

-Start Lovenox, full dose

-IV fluid hydration

-Echocardiogram in a.m.

-Bilateral lower extremity Doppler to rule out DVT

-COVID-19 PCR

-Rocephin/azithromycin IV

-Check procalcitonin level

Lab Results:**Labs** (Last four charted values)**WBC** H 21.6 (JAN 12)**Hgb** L 11.2 (JAN 12)**Hct** L 33.3 (JAN 12)**Plt** 372 (JAN 12)**Na** 137 (JAN 12)**K** 4.8 (JAN 12)**Cl** 103 (JAN 12)**Cr** H 1.35 (JAN 12)**BUN** H 26.0 (JAN 12)**Glucose Random** H 109 (JAN 12)**PT** H 17.1 (JAN 12)**INR** H 1.5 (JAN 12)**Troponin** L <0.01 (JAN 12)**Diagnostic Results:**

Chest x-ray: Bilateral basilar infiltrates

CT angiogram: Bilateral PE. Basilar infiltrates

Due to acute illness that cannot be effectively managed in an outpatient setting, my clinical judgment is that this patient will require inpatient hospitalization with a stay spanning at least two midnights.

Electronically signed by

Apel, Anatoly 01/12/2022 16:46 EST

Report Request ID: 104047436

Page 2 of 2

Printed Date/Time: 1/18/2022 15:39 EST

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MR#: 311061783

Account #: 11253266

MULINGS, ANDREW

Male

DOB: 11/29/1976 45 years

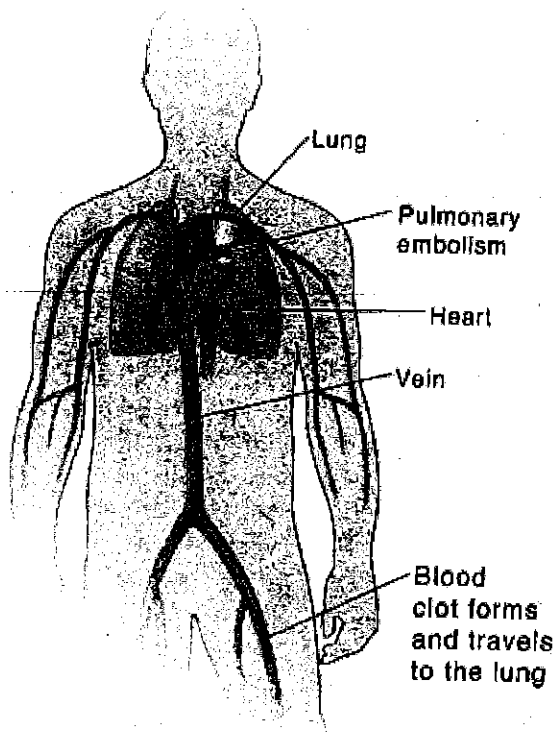
LOCATION: 3 North; 366; A

ADMIT: 1/12/2022

DISCHARGE:

Putnam Hospital Center
670 Stoneleigh Ave
Carmel, NY 10512-
(845) 279-5711

Discharge Documentation



A pulmonary embolism occurs when a blood clot forms in a vein and travels to the lungs.

How is pulmonary embolism diagnosed?

Your healthcare provider examines you and asks about your symptoms and health history. You may also have one or more of the following:

- Blood tests to check for blood clotting or other problems
- Imaging tests to look for clots in the veins or lung
- Electrocardiography (ECG) to test how well the heart is working

How is pulmonary embolism treated?

Report Request ID: 104057451

Page 13 of 31

Printed Date/Time: 1/18/2022 17:35 EST

This document contains confidential patient information which is protected under Federal and State law. If you are not the intended recipient, please contact the Health Information Management Department at (845) 437-3020.

Result Details

Patient: MULINGS, ANDREW
MRN: 311061783

Printed by: Faron SW CM, Ewelina
Printed on: 1/18/2022 11:58 EST

SARS-CoV-2 PCR (NA): Negative

Date / Time: January 14, 2022 12:47 EST

SARS-CoV-2 PCR: Negative

First Test?: Unknown

Employed in healthcare?: Unknown

Symptomatic as defined by CDC?: Unknown

Hospitalized?: Unknown

ICU?: Unknown

Resides in congregate care setting?: Unknown

Pregnant?: Unknown

Occupation/School (NYS resident): NA

Employer/School Name (NYS resident): NA

Employer/School Address (NYS resident): NA

Employer/School City (NYS resident): NA

Employer/School State (NYS resident): NA

Employer/School Zip Code (NYS resident): NA

Employer/School Phone (NYS resident): NA

On School Premises Previous 7 days(NYS): Unknown

Contributor System: PowerChart

Accession Number: 000002022012007384

Status: Auth (Verified)

Source Type: Nasophary Swab

Source:

Collected on January 14, 2022 12:47 EST

1.) (Medium Importance) Result Comment by Contributor_system, Nuvance East Ref

Result Details

Patient: MULINGS, ANDREW
MRN: 311061783

Printed by: Faron SW CM, Ewelina
Printed on: 1/18/2022 11:58 EST

Lab on January 14, 2022 22:18 EST

Test Performed by:

Danbury Hospital Department of Pathology and Laboratory Medicine
24 Hospital Avenue, Danbury, CT 06810 203-739-7453
CLIA# 07D0101031 Daniel Crusier, MD, Director

Action List:

Order by Apel, Anatoly on January 12, 2022 16:09 EST
Action status: Completed

VERIFY by Contributor_system, Nuvance East Ref Lab on January 14, 2022 22
Action status: Completed

Perform by Contributor_system, Nuvance East Ref Lab on January 14, 2022 22
Action status: Completed

Review by Vielot RN, Myglide J on January 14, 2022 22:42 EST
Action status: Completed

This test was performed at:
Putnam Hospital Center Laboratory, 670 Stoneleigh Ave, Carmel, NY, 10512, U

FORM 3181 (7/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Division of Health Services

ADMISSION & DISCHARGE SUMMARY

Maulings, Andrew

Patient's Name

02A2656

DIN

FCF

Facility

ADMISSION NOTE

1/18/22

Date/Time of Admission

pt Covid (+) = hypoxia and resp distress

Was on Non Rebreather 15 L O₂.

Dxd pulm emboli, Covid pneumonia

PT currently on 4 L O₂ NC = PO.98%. Not in resp distress. To admit to infirmary.

1/18/22

Date/Time Completed

Physician's Signature/ID #

DISCHARGE SUMMARY


Date/Time of Discharge

- D/c To hq,
- no powder 1 week
- see AHR

1-28-22 9:3 AM

Date/Time Completed

Physician's Signature/ID #

 <p>NEW YORK STATE Corrections and Community Supervision</p> <p>KATHY HOCHUL <i>Governor</i></p> <p>ANTHONY J. ANNUCCI <i>Acting Commissioner</i></p>	<p>Grievance Number FCF-0046-22</p>	<p>Disig /Code I/22</p>	<p>Date Filed 02/14/22</p>
	<p>Associated Cases</p>		<p>Hearing Date 05/12/22</p>
	<p>Facility Fishkill Correctional Facility</p>		
<p>INCARCERATED GRIEVANCE PROGRAM CENTRAL OFFICE REVIEW COMMITTEE</p>	<p>Title of Grievance Exposure To Cold Caused Medical Issues</p>		

GRIEVANT'S REQUEST UNANIMOUSLY ACCEPTED IN PART

Upon a full hearing of the facts and circumstances presented in the instant case, and upon recommendation of the Division of Health Services, the action requested herein is accepted in part.

CORC notes that the grievant's complaint has been reviewed by the Division of Health Services' staff, who advise that a complete investigation was conducted and the grievant is receiving appropriate treatment. CORC further notes that the grievant was evaluated and treated by the provider. CORC has not been presented with sufficient evidence of malfeasance by staff. CORC also notes that the grievant's allegations regarding the CERT team from December 2021 are untimely and should have been addressed at that time.

CORC recommends that the grievant address any further medical concerns to medical staff via established sick call procedures.

With regard to the grievant's appeal, CORC notes that the investigation was conducted in accordance with Directive #4040 and advises them to address security concerns to area supervisory staff, at that time, for the most expeditious means of resolution.

RAL/

Andrew Mullings, 02A2656
Fishkill Correctional Facility
P.O. Box 1245
Beacon, New York 12508

September 12, 2022

PRO SE INTAKE UNIT
CLERK

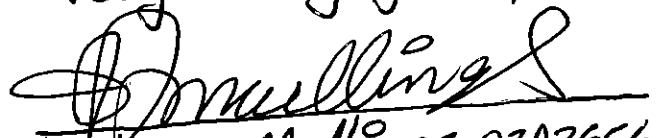
United States District Court
Southern District of New York
The Daniel Patrick Moynihan United States Courthouse
500 Pearl Street
New York, N.Y. 10007-1312

Dear Clerk:

Enclosed is a copy of a federal 1983 action along
with supporting exhibits 1-13. Please file these
papers with the Court.

Thank you.

Very truly yours,


Andrew Mullings, 02A2656

CC: file

Andrew Mullings, 02A2656
 Fishkill Correctional Facility
 P.O. Box 1245
 Beacon, New York 12508

2022 SEP 15 PM 2:40

FACILITY

CORRECTIONAL

FACILITY

041511251110

To: PRO SE INTAKE UNIT
 CLERK

United States District Court
 Southern District of New York
 The Daniel Patrick Moynihan United States Courthouse
 500 Pearl Street
 New York, New York 10007-1312

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